

MEDDIC-MS Data Book

Medicaid Encounter Data Driven Improvement Core Measure Set

Vol. 3. 2003 HMO-Specific Performance Data Wisconsin Medicaid and BadgerCare Programs

Wisconsin Department of Health and Family Services
Division of Health Care Financing, Bureau of Managed Health Care Programs

December 2004

MEDDIC-MS Data Book

Medicaid Encounter Data Driven Improvement Core Measure Set

Volume 3: 2003 HMO-Specific Performance Data

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Other volumes in the MEDDIC-MS 2003 Data Book include:

MEDDIC-MS Data Book 2003, Volume 1, HMO Aggregate Performance Data, Wisconsin Medicaid and BadgerCare Programs.

MEDDIC-MS Data Book 2003, Volume 2, HMO Performance Data Medicaid Program Data and BadgerCare Program Data Compared.

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Introduction and Background

MEDDIC-MS (Medicaid Encounter Data Driven Improvement Core Measure Set) is Wisconsin's standardized performance measure set for Medicaid and BadgerCare (the State Children's Health Insurance Program, SCHIP) managed care. Use of MEDDIC-MS was approved by the Centers for Medicare and Medicaid Services (CMS) as part of its review of the state's quality improvement strategy in August 2003.

In October 2003, the Agency for Healthcare Research and Quality (AHRQ) recognized MEDDIC-MS for inclusion in the National Quality Measures Clearinghouse (NQMC®). To view the measure summaries on the NQMC, go to: <http://www.qualitymeasures.ahrq.gov/resources/measureindex.aspx> and scroll down to "State of Wisconsin."

MEDDIC-MS is a fully automated system, utilizing HMO encounter data and other State-controlled electronic data sources. This significantly reduces costs associated with data acquisition by medical record review and eliminates potential data contamination caused by inaccurate patient-supplied history. Medical record review continues to be used for data validity audits, ambulatory quality of care audits, and cases where HMOs wish to augment encounter data and special audit functions.

The Department of Health and Family Services (DHFS) extracts data for each measure and calculates each HMO's performance on the measure through a third party data services vendor. This facilitates greater consistency, completeness and accuracy in calculation of the measures than having each HMO calculate and report its own rates.

MEDDIC-MS includes Targeted Performance Improvement Measure (TPIM) topics that have been in use for a number of years, but the measures are designed to work in the automated encounter data environment. The *monitoring measures* included in MEDDIC-MS are consistent with a number of topics used in the past. They include utilization trending measures as well as clinical outcome measures.

The performance results on these measures for 2002 are available on the Wisconsin Medicaid Managed Care Website. To view these reports, please go to: http://www.dhfs.state.wi.us/medicaid7/reports_data/index.htm or <http://www.dhfs.state.wi.us/medicaid7/providers/index.htm> and scroll down to "Provider Quality Reports."

This booklet presents performance rate data for each HMO on all MEDDIC-MS performance measures based on 2003 data.

Complete technical specifications for the MEDDIC-MS measures are available upon request. Contact: Gary R. Ilminen, RN at (608) 261-7839 or ILMINGR@DHFS.STATE.WI.US.

Care Analysis Projects

Since 2001, the Department has implemented an innovative program-wide proactive approach to performance improvement called Care Analysis Projects (CAP). Through CAP, enrollee-specific health care needs are identified and the data about those needs are shared with the enrollee's HMO. In this way, the Department seeks to assist in quality improvement by allowing HMOs and providers to focus outreach on individuals with unmet needs.

CAP focuses on several chronic conditions and on the provision of key preventive services. Chronic conditions included are congestive heart failure, asthma, and diabetes. Preventive health services include lead screening and prenatal risk assessment.

MEDDIC-MS and CAP work together. CAP provides data-driven targeted intervention and MEDDIC-MS allows accurate, real-time performance assessment.

HMO Performance Improvement Projects

Since the early 1990's the Wisconsin Medicaid HMO contract has required HMOs to complete at least two performance improvement projects in each calendar year and submit reports about them to the Department annually. Analysis of those showed that between 1997 and 2000, 73 percent of HMO interventions on topics of performance improvement projects resulted in some degree of improvement.

Since 2000, clinical topics that are monitored in the MEDDIC-MS performance measure system and have been the subject of performance improvement projects by multiple HMOs have exhibited improvement. For example, since 2000, 7 of 13 HMOs have conducted performance improvement projects on asthma. During that period of time, results on the performance measure have improved. Similarly, 7 of 13 HMOs have conducted performance improvement projects on diabetes care since 2000 and results on that measure have improved as well.

Other factors have no doubt played a role in improved performance on these and a number of other measures, but the added focus on a clinical topic that results from HMO performance improvement initiatives is likely a factor in the data trends.

Key to HMOs for Individual HMO charts:

AHP Atrium Health Plan
DHP Dean Health Plan*
GHC Group Health Cooperative-South Central*
GHE Group Health Cooperative-Eau Claire
HTP Health Traditions Health Plan
MCP MercyCare Insurance Corporation*
MHS Managed Health Services
NHP Network Health Plan
SHP Security Health Plan*
THP TouchPoint Health Plan*
UHC United Healthcare*
UHP Unity Health Plans*
VHP Valley Health Plan

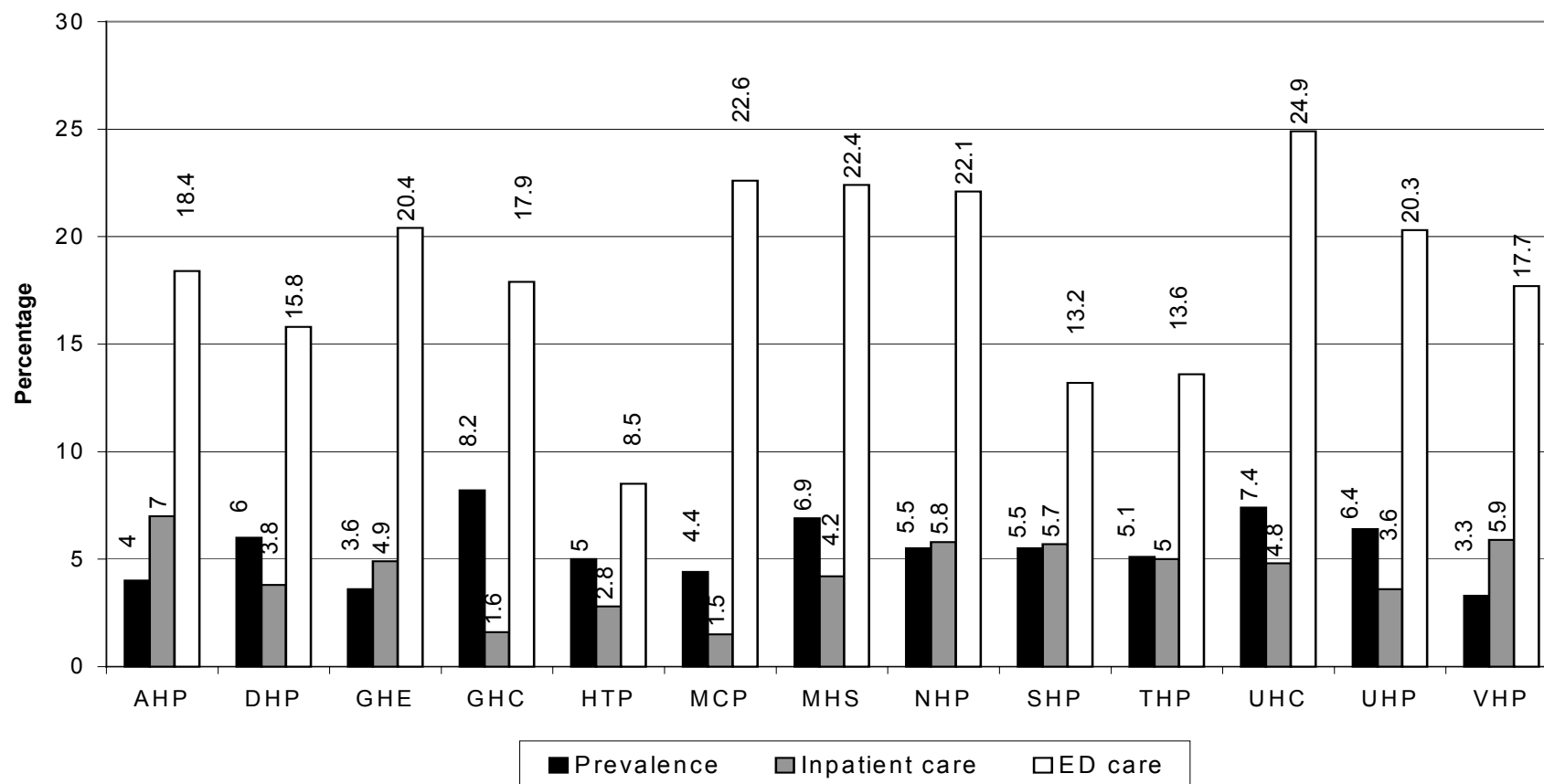
*This HMO is fully accredited by the National Committee for Quality Assurance (NCQA®) and has qualified for participation in the Department of Health and Family Services HMO Accreditation Incentive Program.

Results on Clinical Performance Measures

Asthma care

Monitoring measure

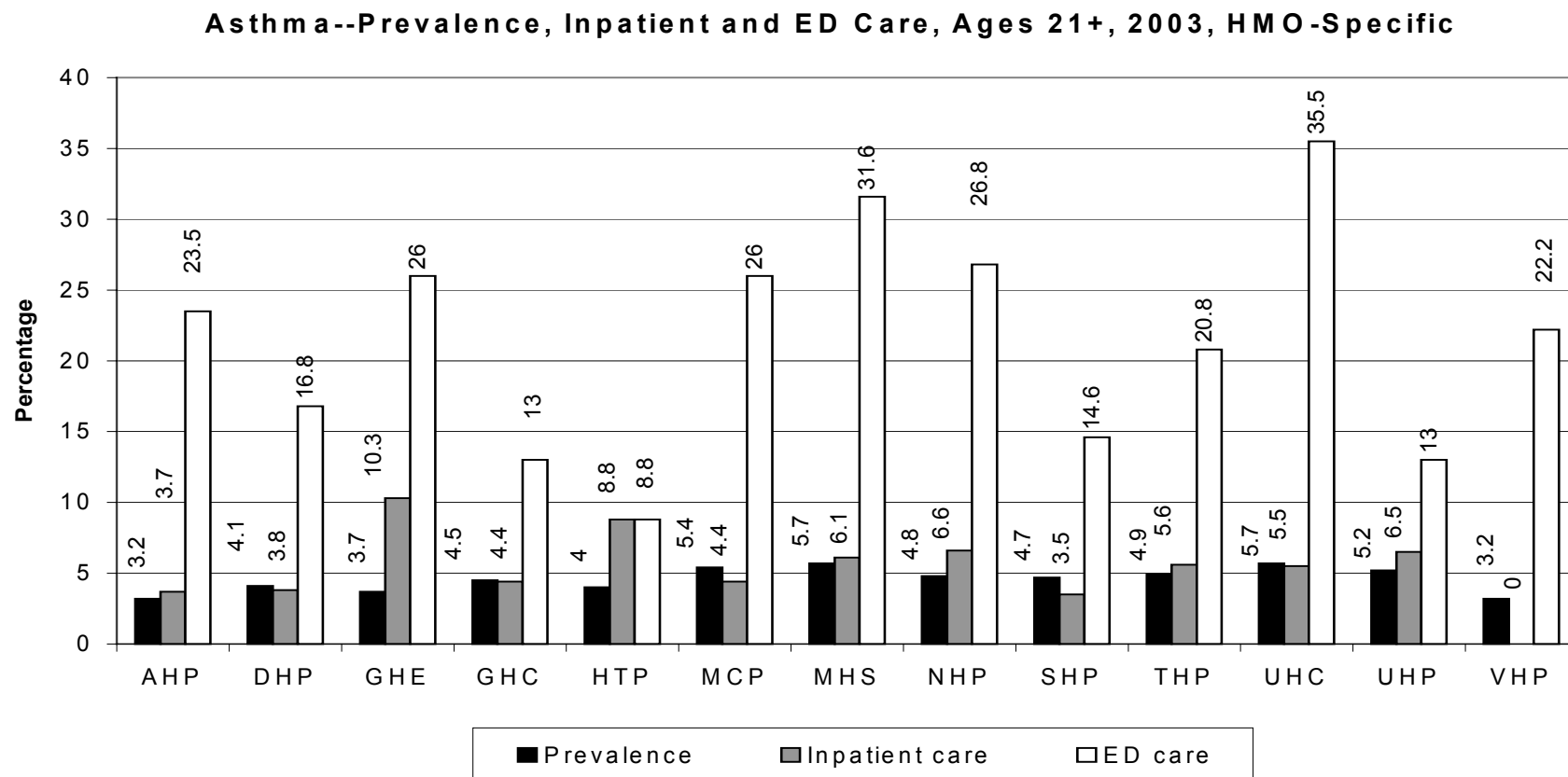
**Asthma--Prevalence, Inpatient and ED care,
Ages Birth-20 Years, 2003, HMO-Specific**



The HMO program-wide average for asthma prevalence was 6.4 percent among children birth to age 20 years, 5.1 percent in the 21+ years age group. The overall inpatient care rates were 4.6 percent for the birth to age 20 group and 5.7 Percent for the 21+ years age group. The overall ED care rates were 21.3 percent for the birth to age 20 group and 28.3 percent for the 21+ age group. Please refer to p. 7 for a key to the HMO abbreviations. ED refers to emergency department care. (Results continued on next page.)

Asthma care (continued)

Monitoring measure

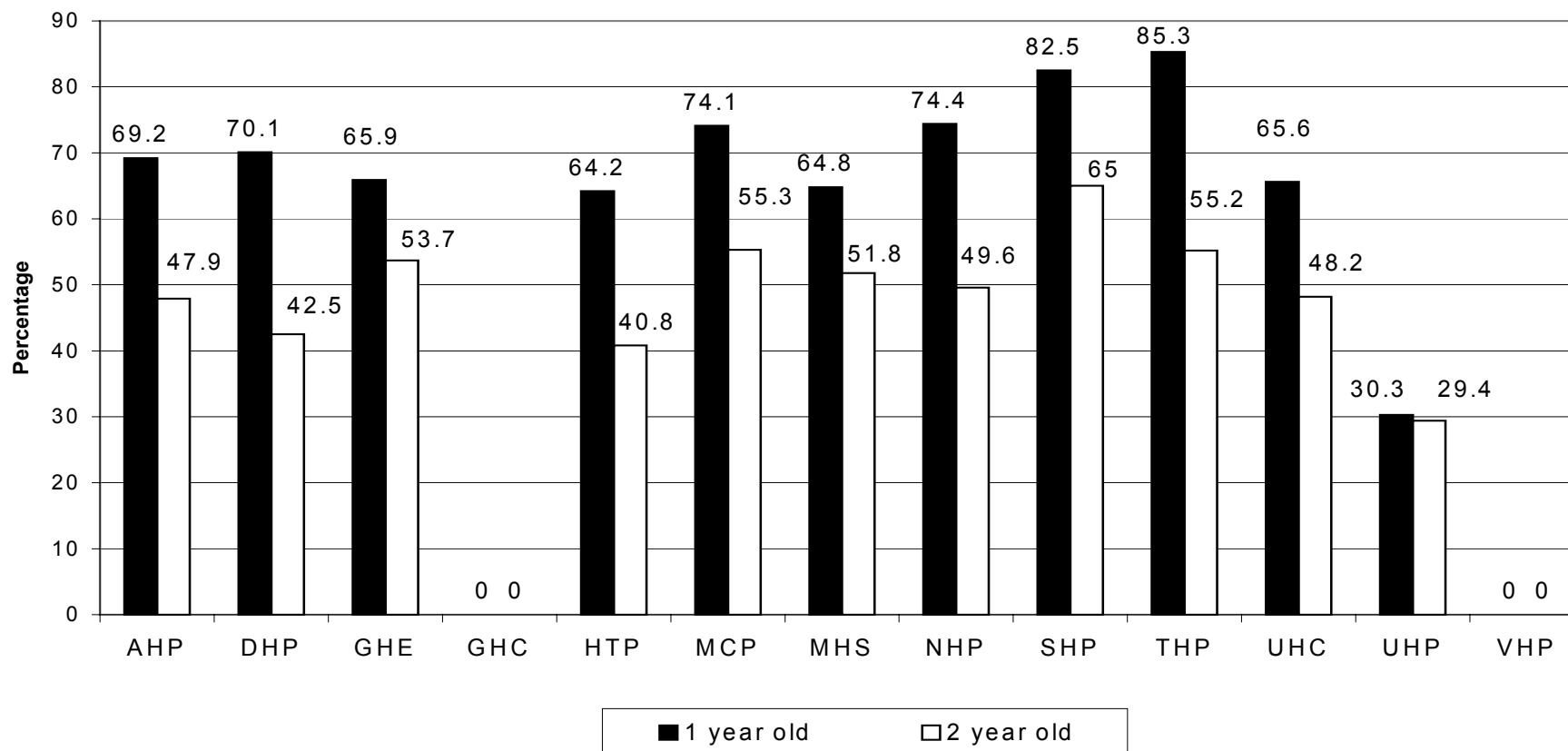


Please refer to p. 7 for a key to the HMO abbreviations.

Blood lead toxicity screening

Targeted performance improvement measure

Blood Lead Toxicity Screening, 1 & 2 Year Olds, HMO-Specific, 2003

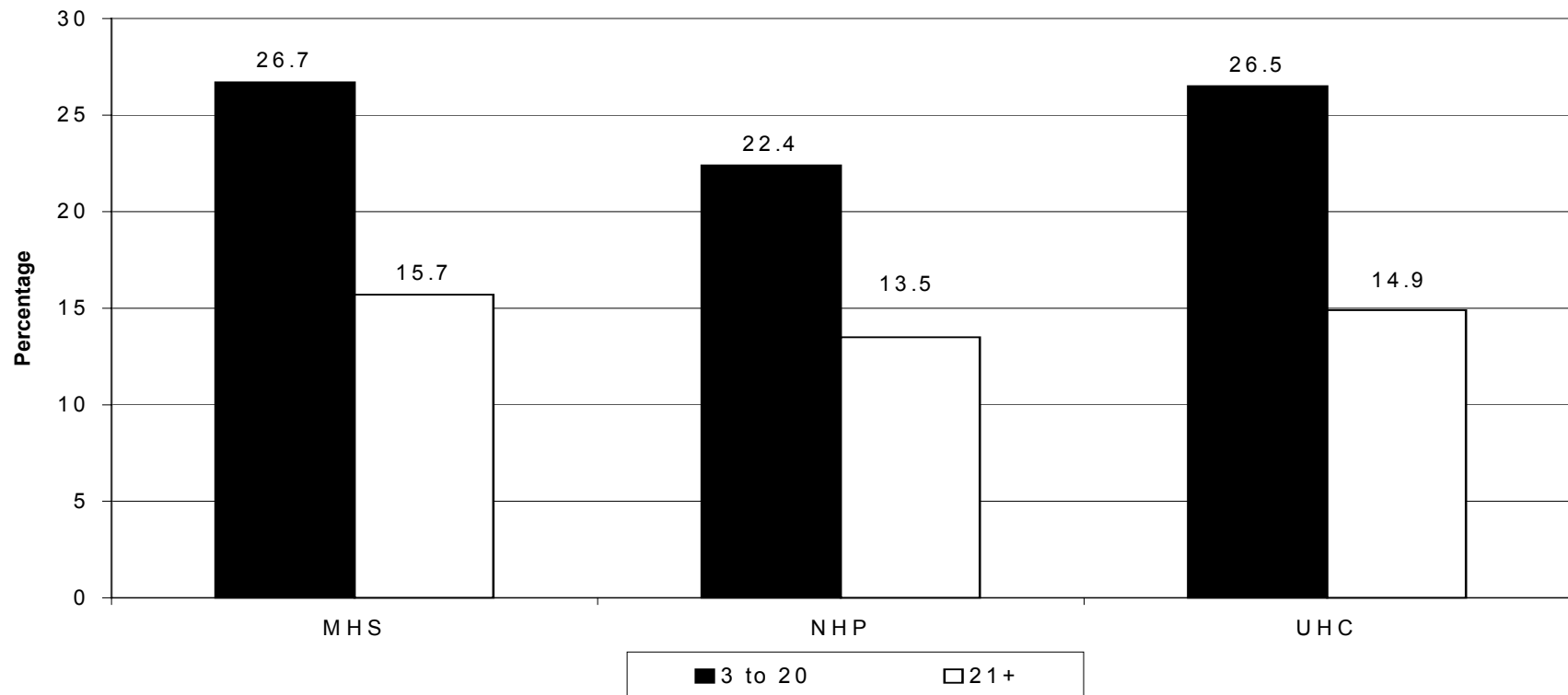


Group Health Cooperative-South Central (GHC) and Valley Health Plan (VHP) each had fewer than 30 enrollees in the denominator for one and two-year-olds in this measure and for that reason do not have values shown. The average blood lead testing rate across all HMOs was 69.1 percent in the one year old age group and 50.9 percent for two year olds. Please refer to p. 7 for a key to the HMO abbreviations.

Dental (Preventive) Services

Targeted performance improvement measure

**Dental (Preventive) Care, Age 3-20 & 21+ Years,
HMO-Specific Results, 2003**



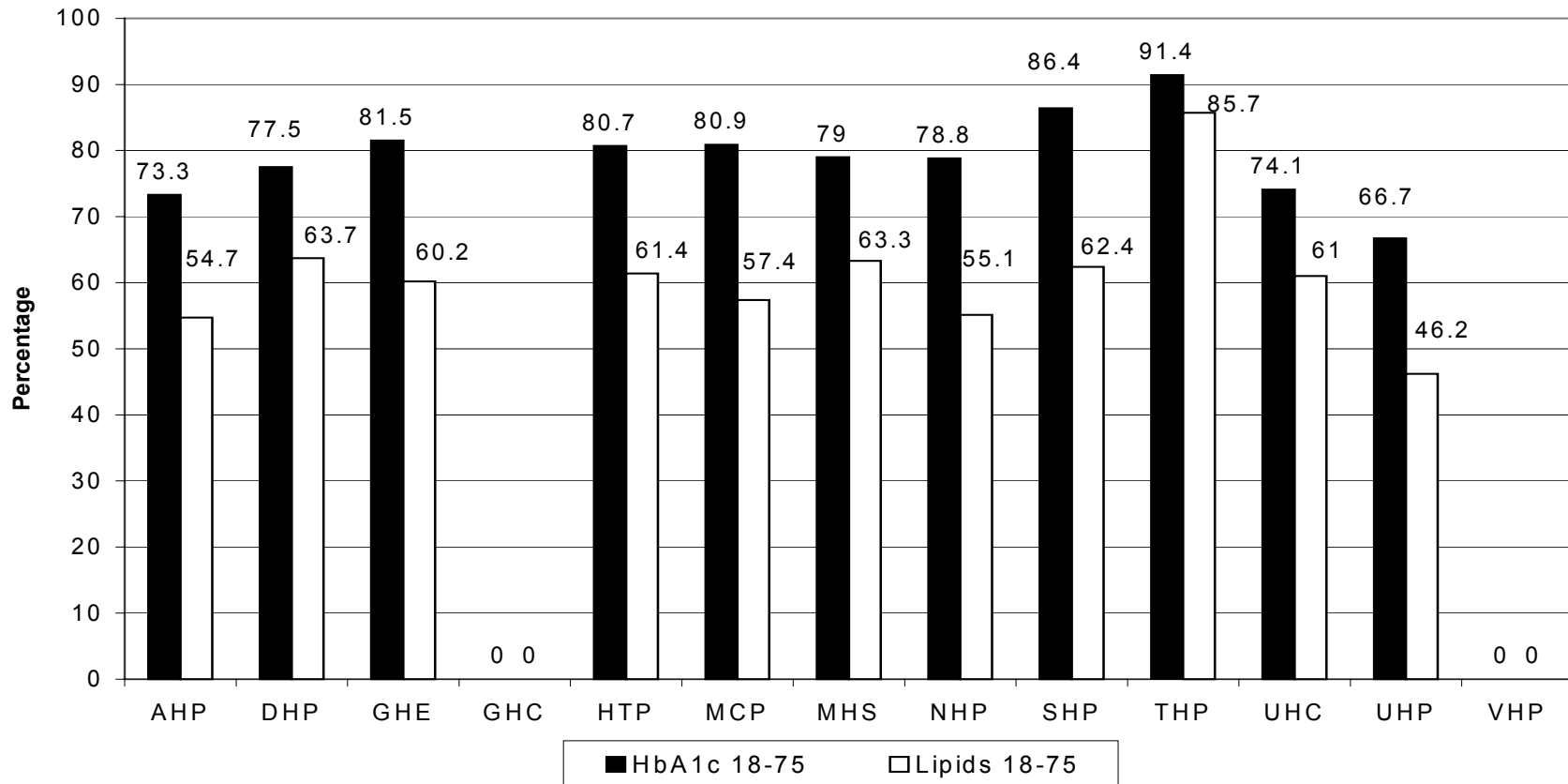
The average rate of provision of preventive dental care in the 3-20 years-of-age cohort was 26.3 percent; the average was 15.2 percent in the 21+ years-of-age cohort.

Note: Three of thirteen participating HMOs provide dental care under their Medicaid/BadgerCare contract. Please refer to p. 7 for a key to the HMO abbreviations.

Diabetes care

Targeted performance improvement measure

Diabetes care 2003, Age 18-75, HMO-specific

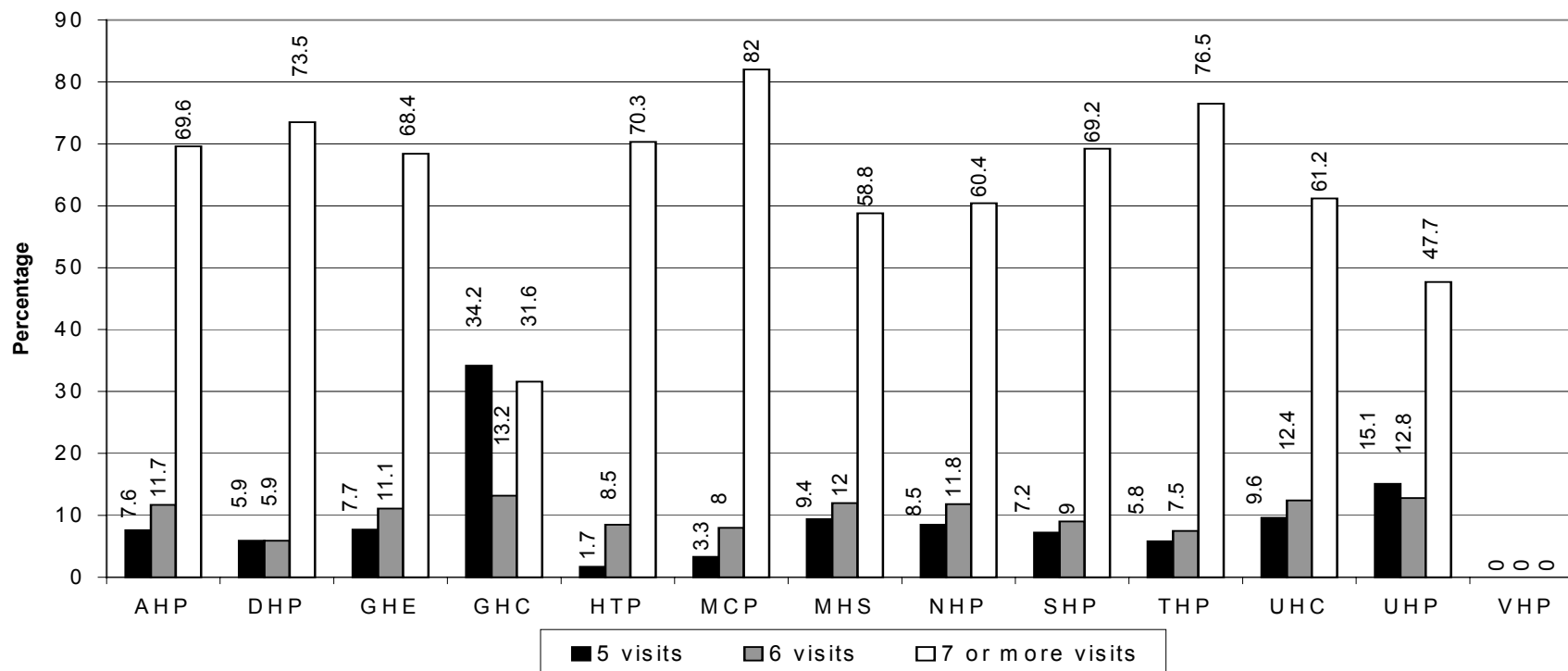


Two HMOs (GHC and VHP) had fewer than 30 enrollees in the denominator and so do not have results included in the chart. The birth to age 17 years age cohort is not reported by individual HMO due to very small denominator numbers. The 2003 overall HMO average rate for hemoglobin A1c (HbA1c) for adults was 78.3 percent; the average rate for lipids testing was 61.9 percent. Please refer to p. 7 for a key to the HMO abbreviations.

EPSDT (HealthCheck) comprehensive well-child exams

Targeted Performance Improvement Measure

HealthCheck (EPSDT), 5, 6 & 7 Visits by
Age 2 Years, HMO-Specific Rates, 2003

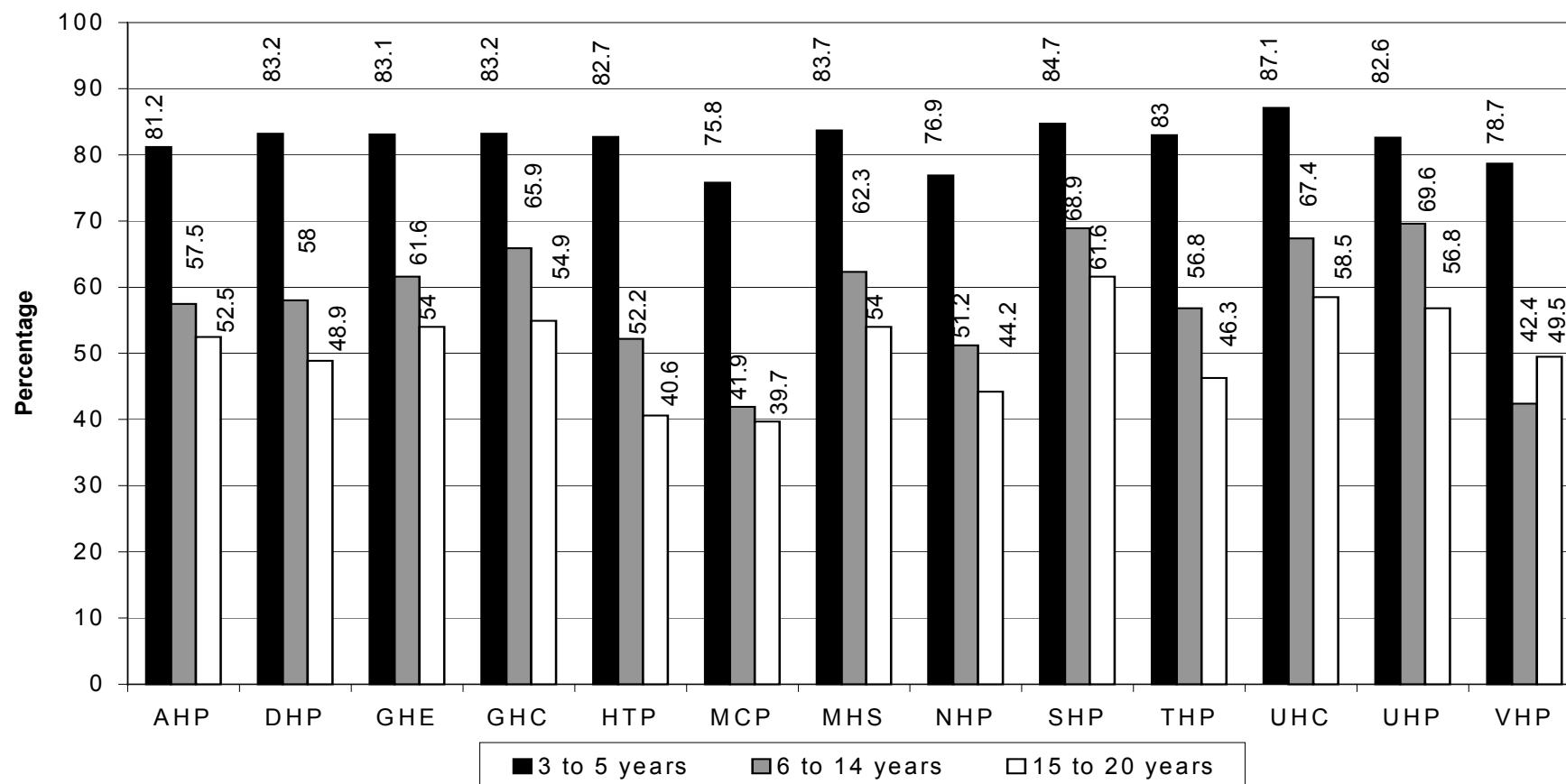


In 2003, the average rate of children up to age two years with 7 or more HealthCheck exams across all HMOs was 63.2 percent, up from 55.3 percent in 2002. For children with 6 exams, the average rate was 11.3 percent and for 5 exams, it was 8.7 percent. Approximately 16.8 percent of children had fewer than five exams by age two years.

One HMO, Valley Health Plan (VHP) had fewer than 30 enrollees in the denominator, so the individual HMO rate is not shown. Please refer to p. 7 for a key to the HMO abbreviations. Results continued on next page.

EPSDT (HealthCheck) comprehensive well-child exams (continued)

HealthCheck (EPSDT) Age 3-20 with at least one visit, HMO-Specific, 2003

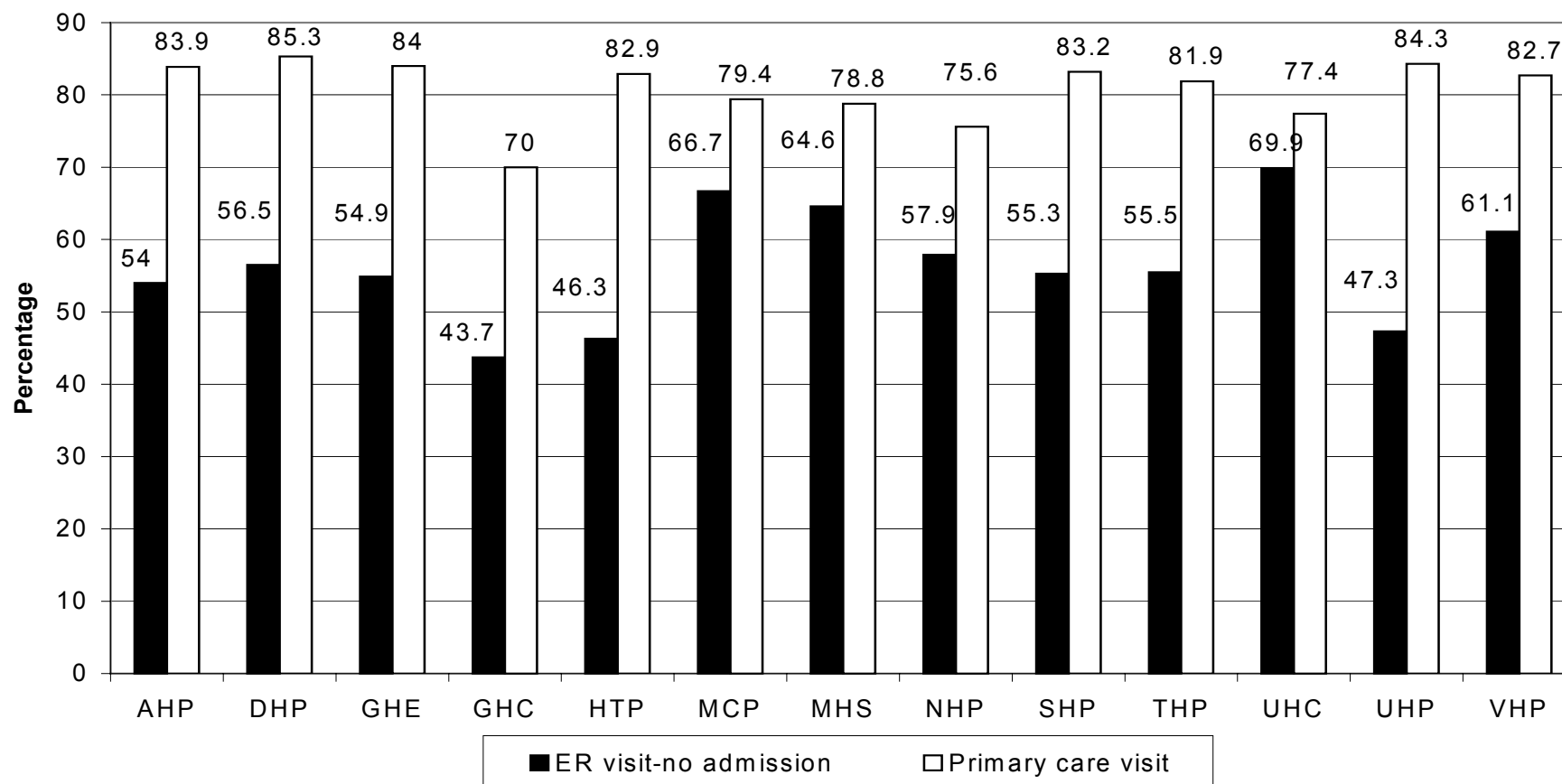


The average rate for children age 3-5 years with at least one HealthCheck exam in the look-back period was 83.3 percent across all HMOs. For children age 6-14 years, it was 61.5 percent and for children age 15-20 years it was 53.6 percent. Please refer to p. 7 for a key to the HMO abbreviations.

General and Specialty care-outpatient

Monitoring measure

**General and Specialty Care, Outpatient,
HMO-specific Rates, All Ages, 2003**

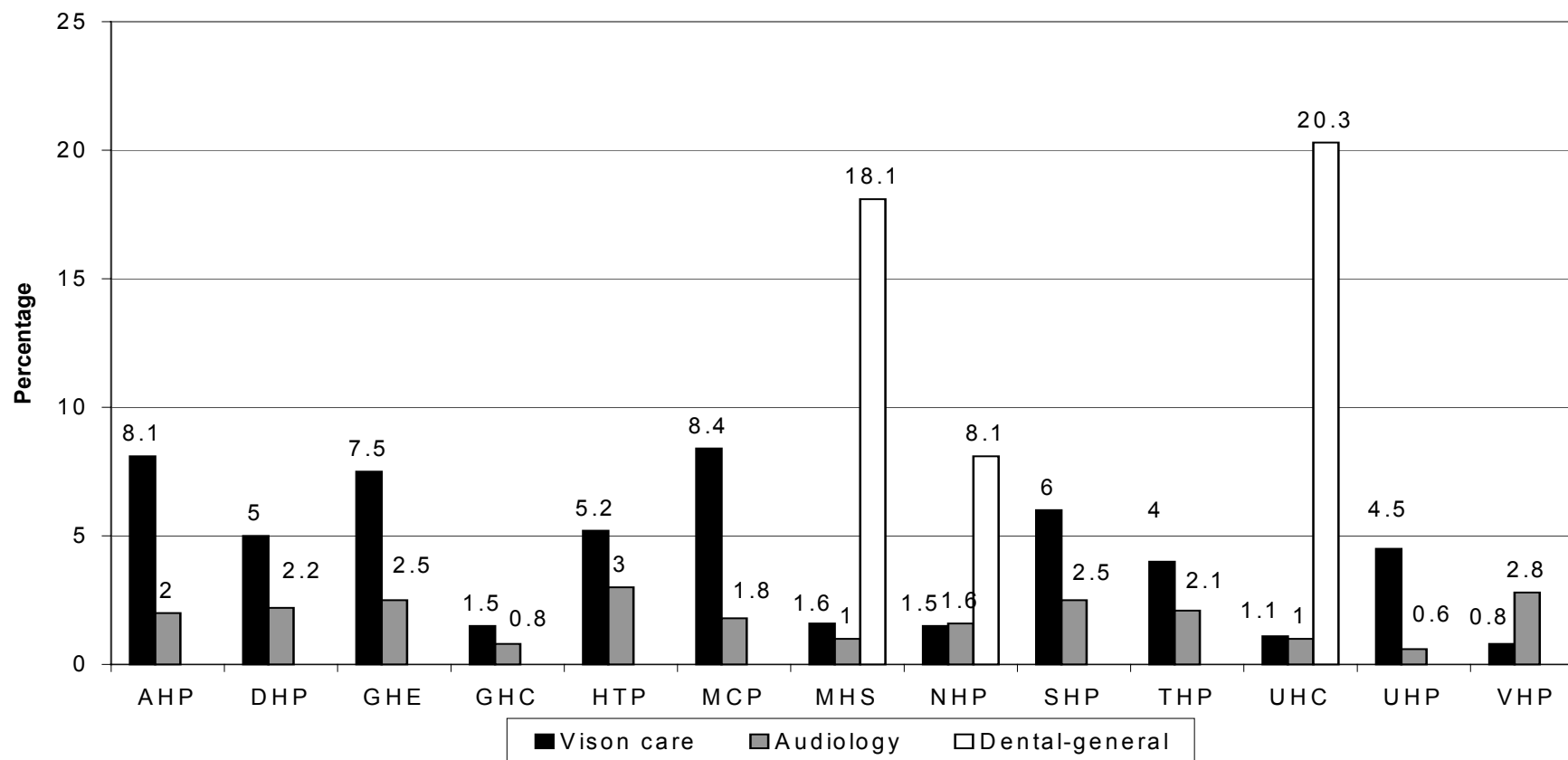


The average rate for emergency room/department (ER) visits not resulting in hospital admission was 61.8 percent. Average rate for primary care visits was 79.7 percent. The measure reflects unduplicated enrollees with at least one encounter of each type in the look-back period. Please refer to p. 7 for a key to the HMO abbreviations. Results continued on next page.

General and Specialty care-outpatient (continued)

Monitoring measure

General & Specialty Care, Outpatient, All Ages, HMO-Specific, 2003

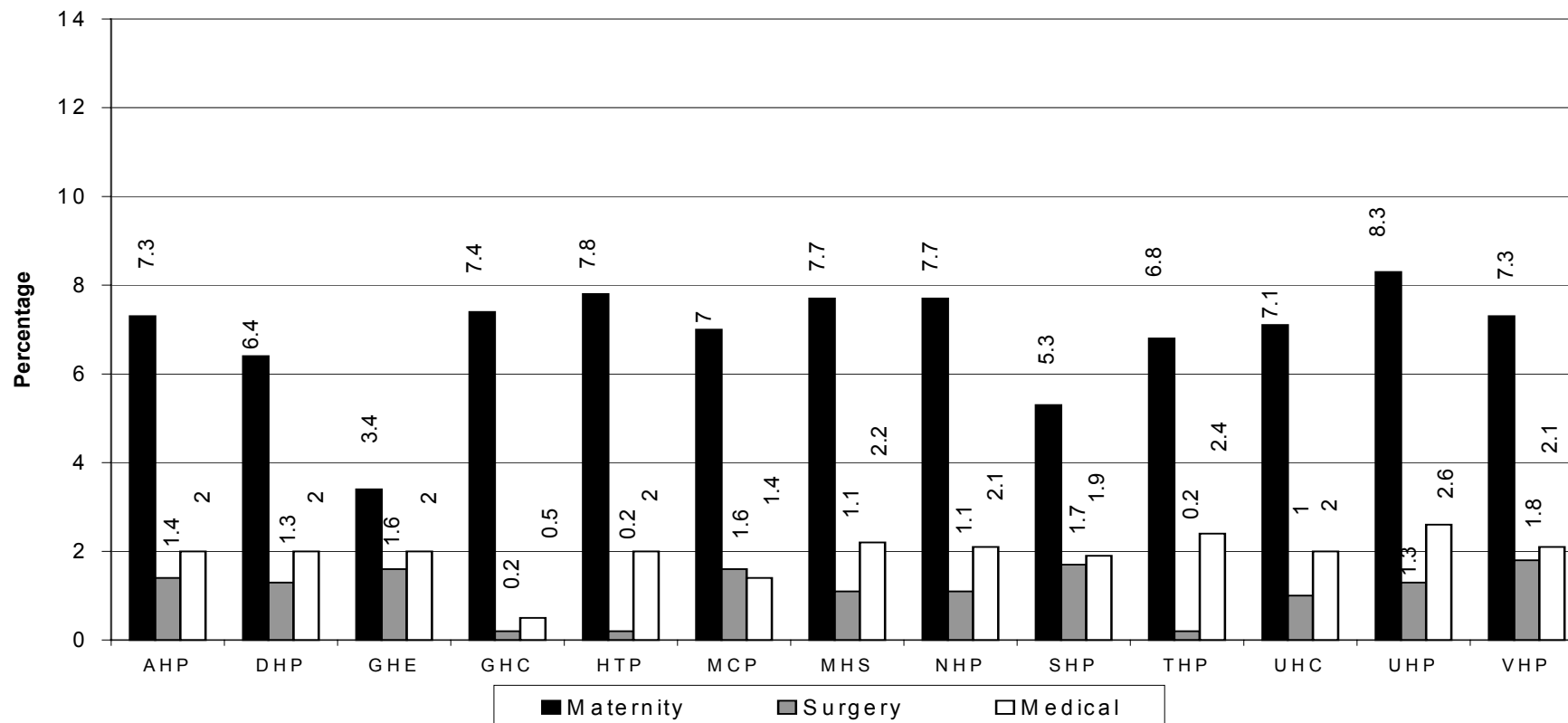


HMO average for vision care was 3.1 percent, for audiology it was 1.5 percent and for general dental care, 17.2 percent. The measure reflects unduplicated enrollees with at least one encounter of each type in the look-back period. Three HMOs--MHS, NHP and UHC--provide dental services under their contract; other HMOs do not provide dental. Please refer to p. 7 for a key to the HMO abbreviations.

General and Specialty care-inpatient

Monitoring measure

General & Specialty Care, Inpatient, HMO-Specific Rates, All Ages, 2003

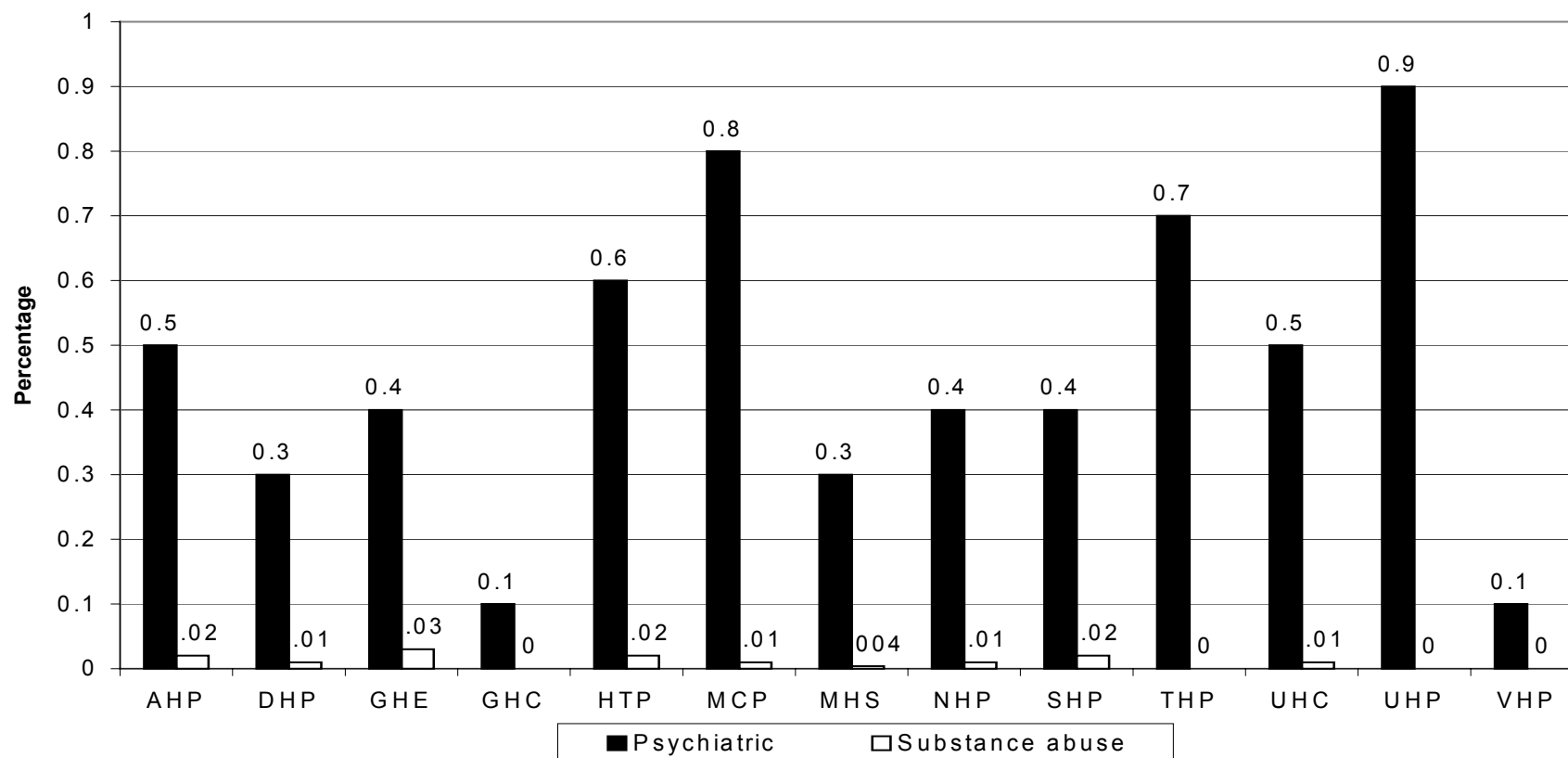


The program-wide HMO average for maternity care was 5.6 percent, 1.1 percent for surgical inpatient care, and 2.3 percent for inpatient medical care. Please refer to p. 7 for a key to the HMO abbreviations. Results continued on next page.

General and Specialty care-inpatient (continued)

Monitoring measure

General & Specialty Care, Inpatient, HMO-Specific Rates, All Ages, 2003

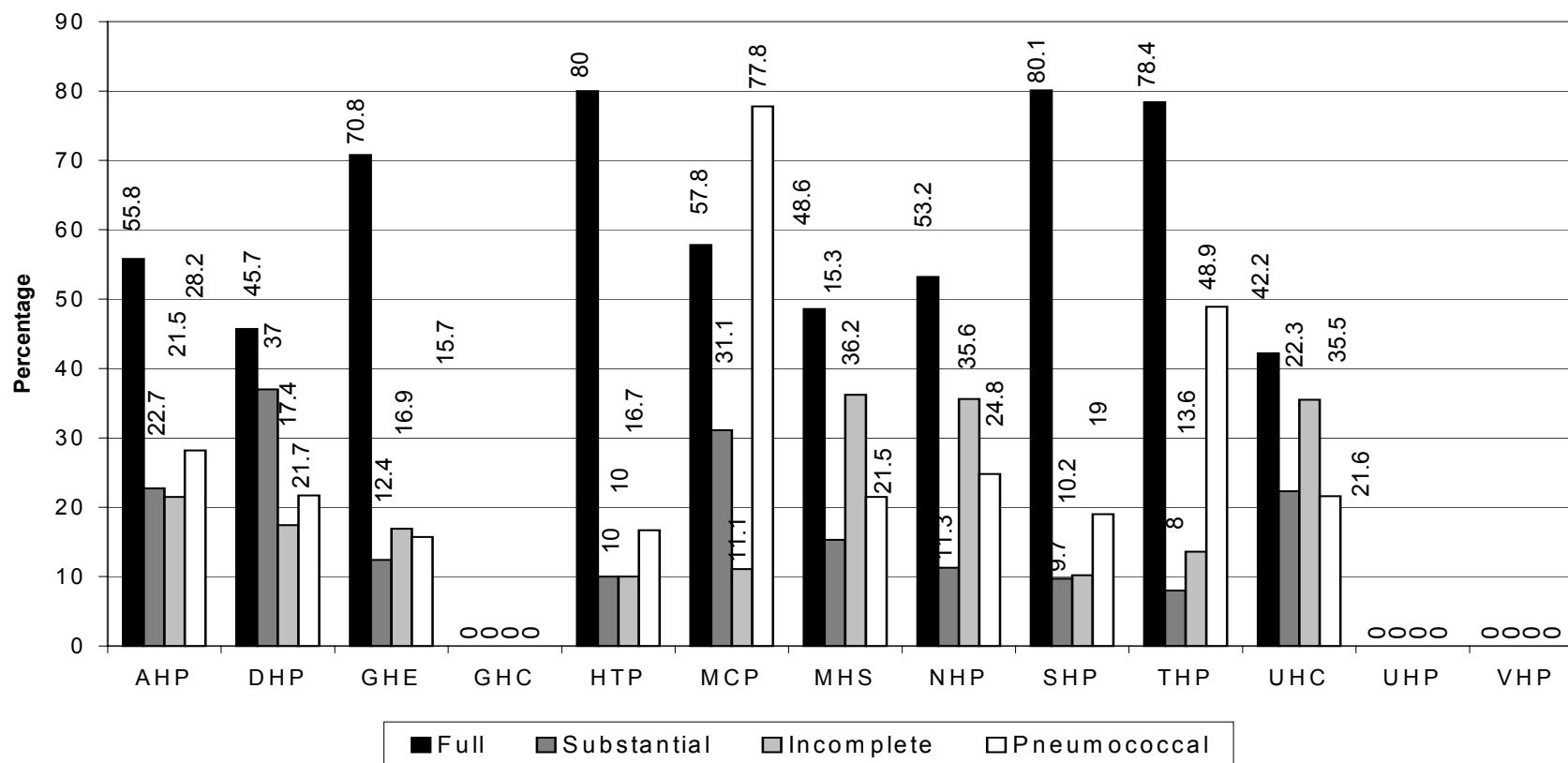


The program-wide HMO average for inpatient psychiatric care was 0.4 percent and was 0.01 percent for inpatient substance abuse care.

Immunizations for children

Targeted performance improvement measure

Childhood immunizations--HMO-specific Rates

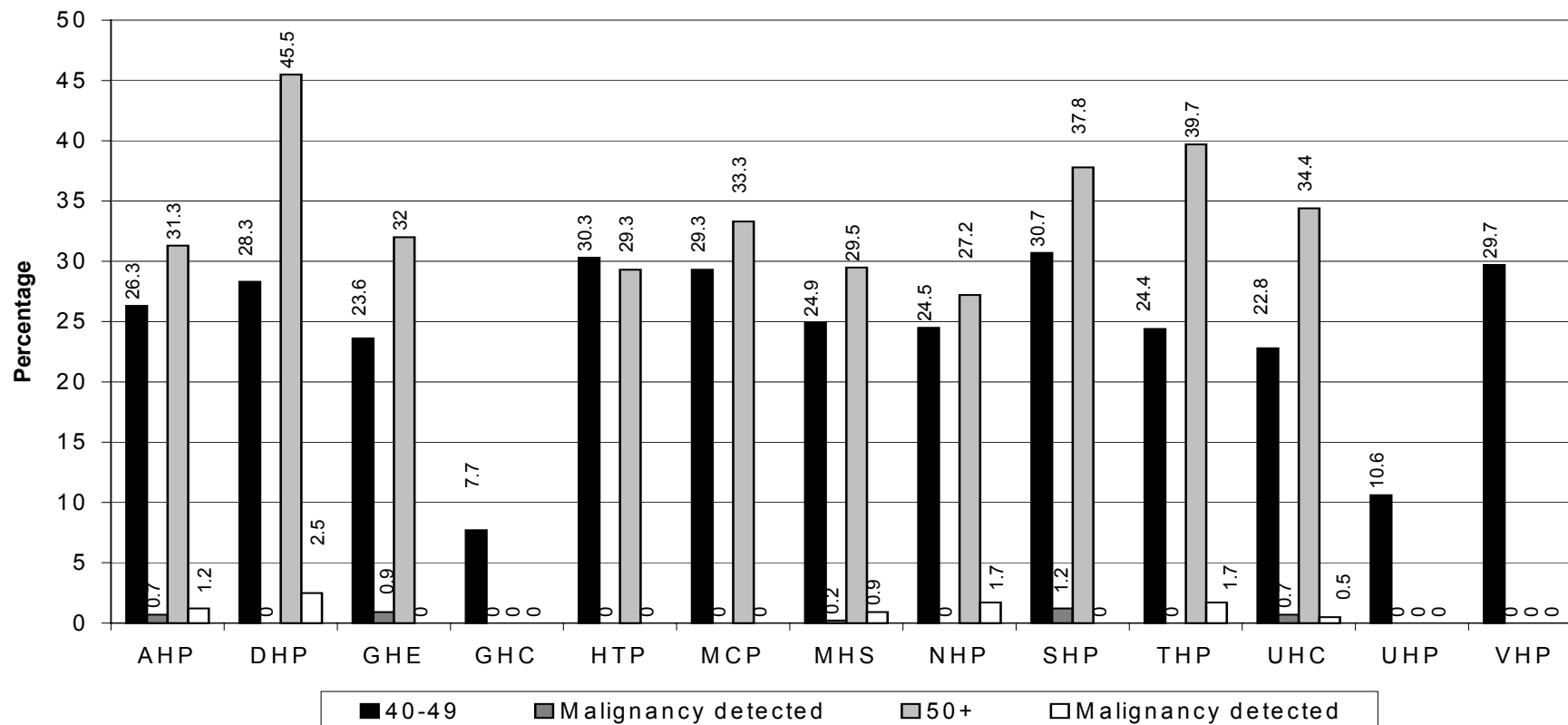


The overall HMO average for full immunization status was 53.4 percent. The average for substantial immunization status was 17.0 percent and the average for incomplete immunization status was 29.6 percent. The average for the pneumococcal vaccination status (4+ doses) was 24.1 percent. GHC, UHP and VHP each had fewer than 30 enrollees in the denominator, so their rate is not entered. Please refer to p. 7 for a key to the HMO abbreviations.

Mammography (screening) and Malignancy Detection

Monitoring measure

Mammography & Malignancies Detected, Ages 40-49 & 50+,
2003, HMO-Specific

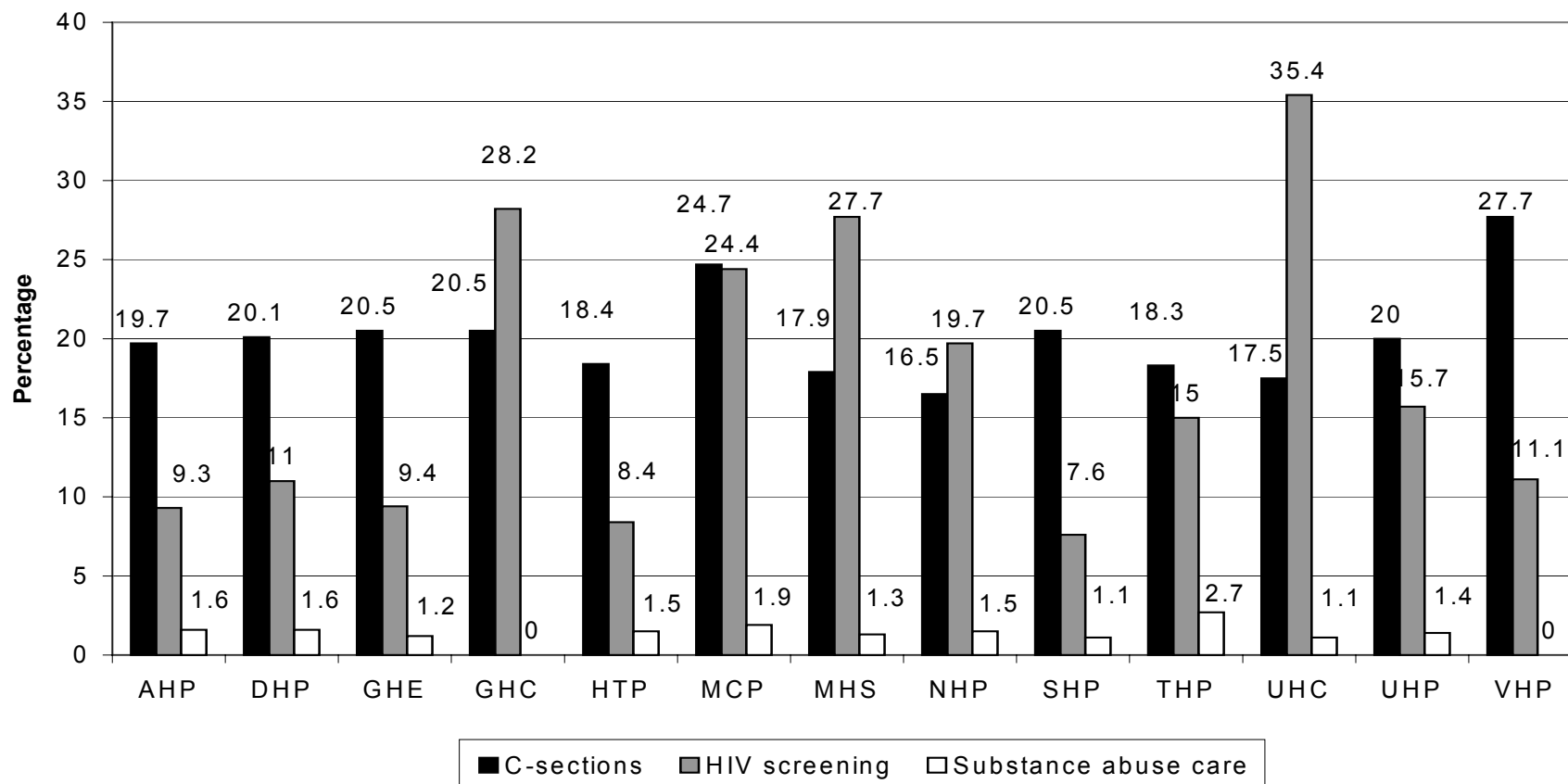


The average HMO screening mammography rate in the 40-49 years age cohort was 25.1 percent, with an average malignancy detection rate of 0.5 percent. The average rate in the 50+ years age cohort was 32.6 percent with a 0.9 percent detection rate. Three HMOs--VHP, UHP and GHC--had a denominator smaller than 30 enrollees in the 50+ years age cohort and therefore have no rate reported. Please refer to p. 7 for a key to the HMO abbreviations.

Maternity/perinatal Care

Monitoring measure

Maternity Care 2003, All Ages, HMO-Specific

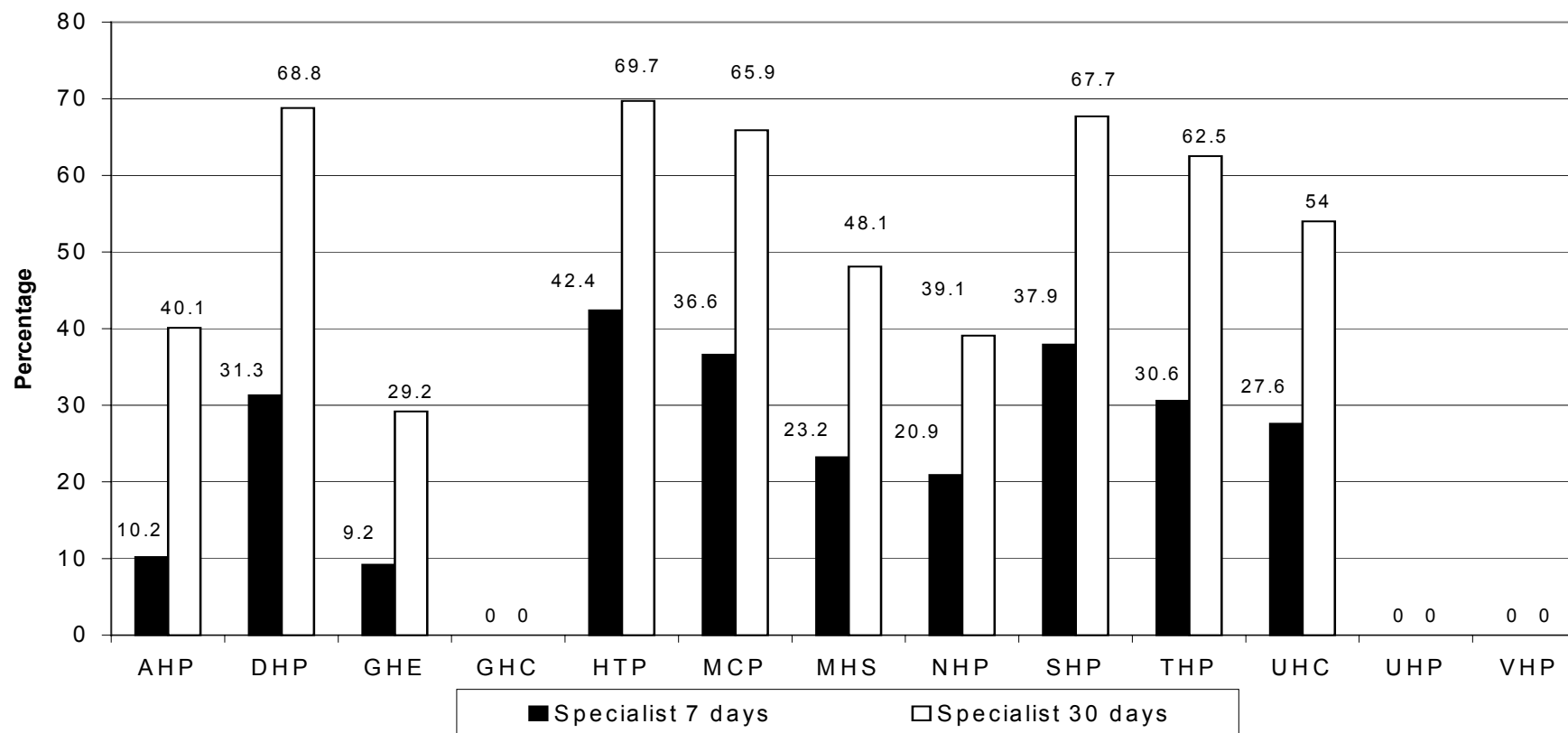


The HMO average Cesarean section rate was 18.4 percent. The average rate for substance abuse care in the perinatal period was 1.4 percent and the average rate for voluntary HIV testing was 22.7 percent. Please refer to p. 7 for a key to the HMO abbreviations.

Mental health/substance abuse (MH/SA) follow-up care Within 7 and 30 days of inpatient discharge

Targeted Performance Improvement Measure

**Mental Health/Substance Abuse Post-discharge Follow-up Care by Specialists
within 7 & 30 Days, All Ages, HMO-Specific, 2003**

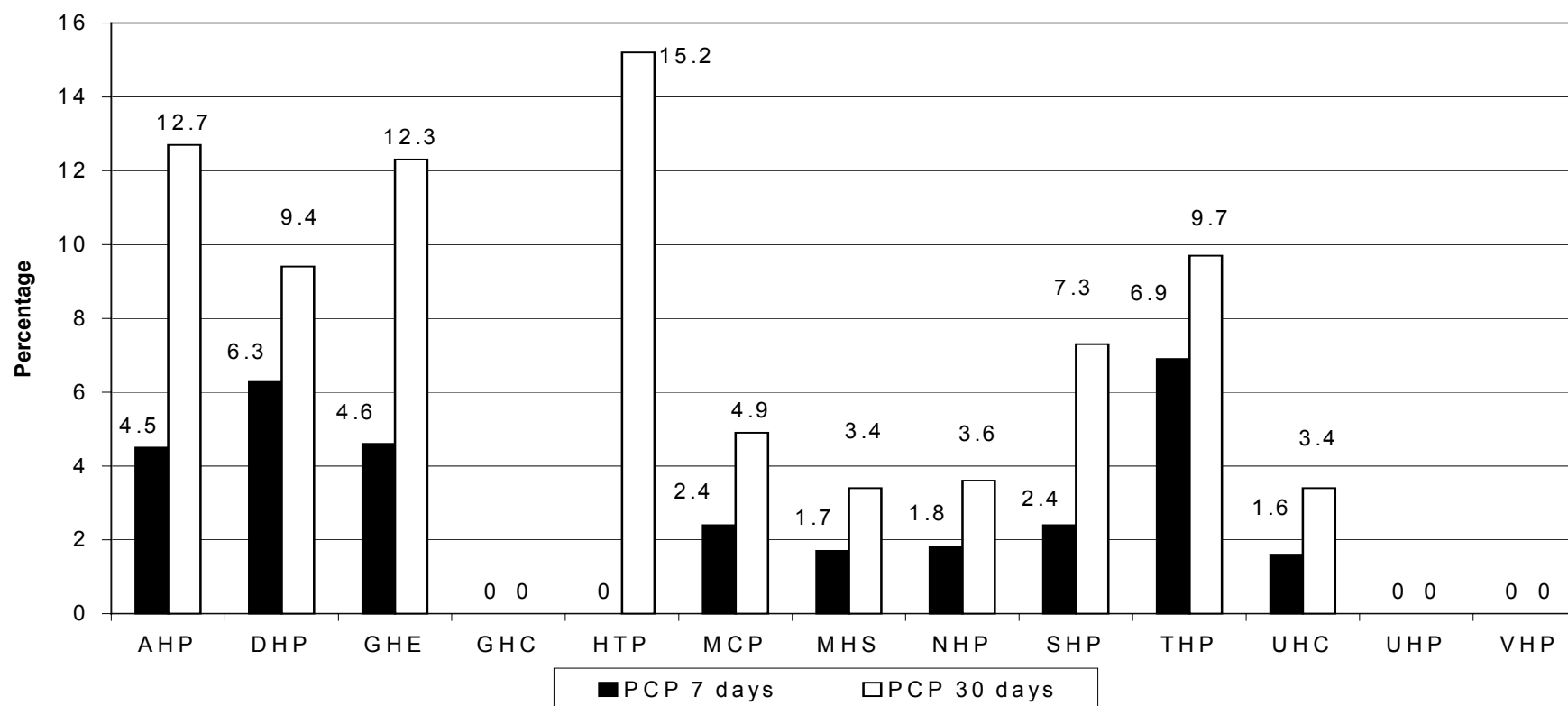


The HMO average for mental health or substance abuse follow-up care by a specialist for all ages within 7 days of inpatient discharge was 24.5 percent; for follow-up at 30 days it was 50.7 percent. Three HMOs (GHC, UHP and VHP) had denominators with fewer than 30 enrollees and are not reported individually. Please refer to p. 7 for a key to the HMO abbreviations. Results continued on next page.

Mental health/substance abuse (MH/SA) follow-up care Within 7 and 30 days of inpatient discharge (continued)

Targeted Performance Improvement Measure

**Mental Health/Substance Abuse Post-discharge Follow-up Care by PCPs within
7 & 30 Days, All Ages, HMO-Specific, 2003**

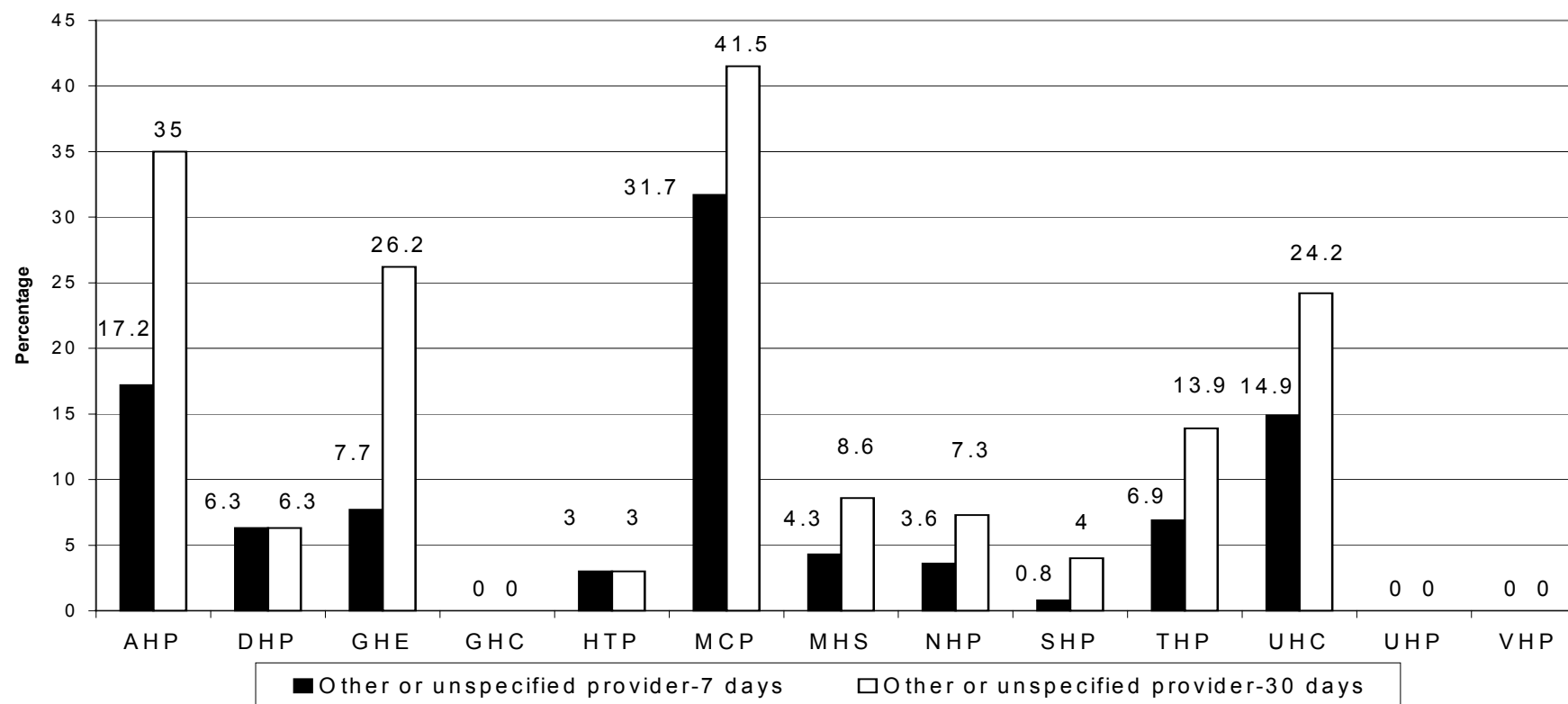


The HMO average for follow-up care by a primary care provider (PCP) at 7 days post-discharge from inpatient care for mental health or substance abuse diagnoses was 2.7 percent. The average for follow-up at 30 days by a PCP was 6.4 percent. Three HMOs (GHC, UHP and VHP) had denominators with fewer than 30 enrollees and are not reported individually. Please refer to p. 7 for a key to the HMO abbreviations. Results continued on next page.

Mental health/substance abuse (MH/SA) follow-up care Within 7 and 30 days of inpatient discharge (continued)

Targeted Performance Improvement Measure

**Mental Health/Substance Abuse Post-discharge Follow-up Care by
Other/unspecified Providers within 7 & 30 Days, All Ages, HMO O-Specific, 2003**

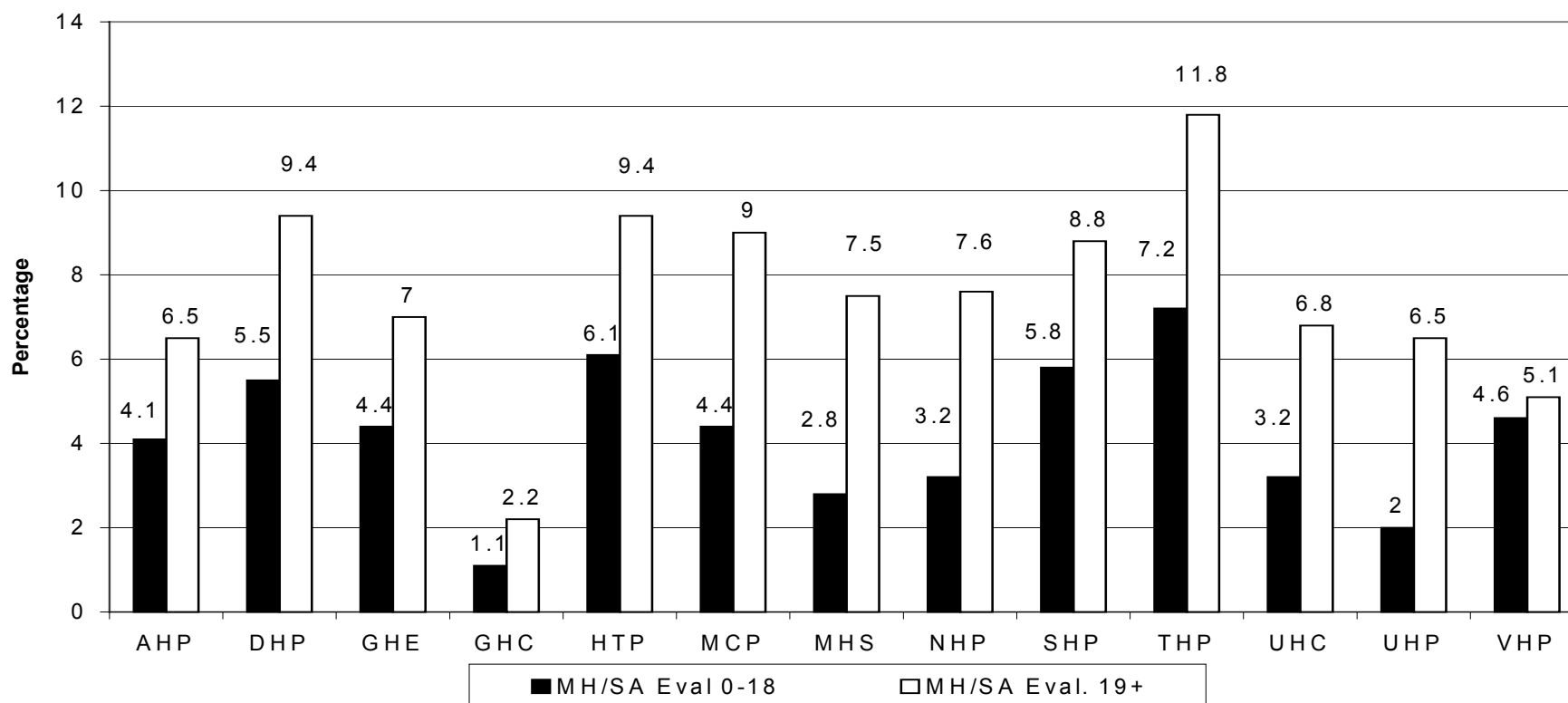


The HMO average for post-discharge follow-up care after inpatient care for mental health or substance abuse diagnoses by an "other" or "unspecified" provider at 7 days from was 9.8 percent. The average for follow-up at 30 days for all ages was 17.7 percent. Three HMOs (GHC, UHP and VHP) had denominators with fewer than 30 enrollees and are not reported individually. Please refer to p. 7 for a key to the HMO abbreviations.

Mental health/substance abuse (MH/SA)-evaluations and outpatient care

Monitoring Measure

**Mental Health/Substance Abuse Evaluations
by Age Cohort, HMO-Specific, 2003**

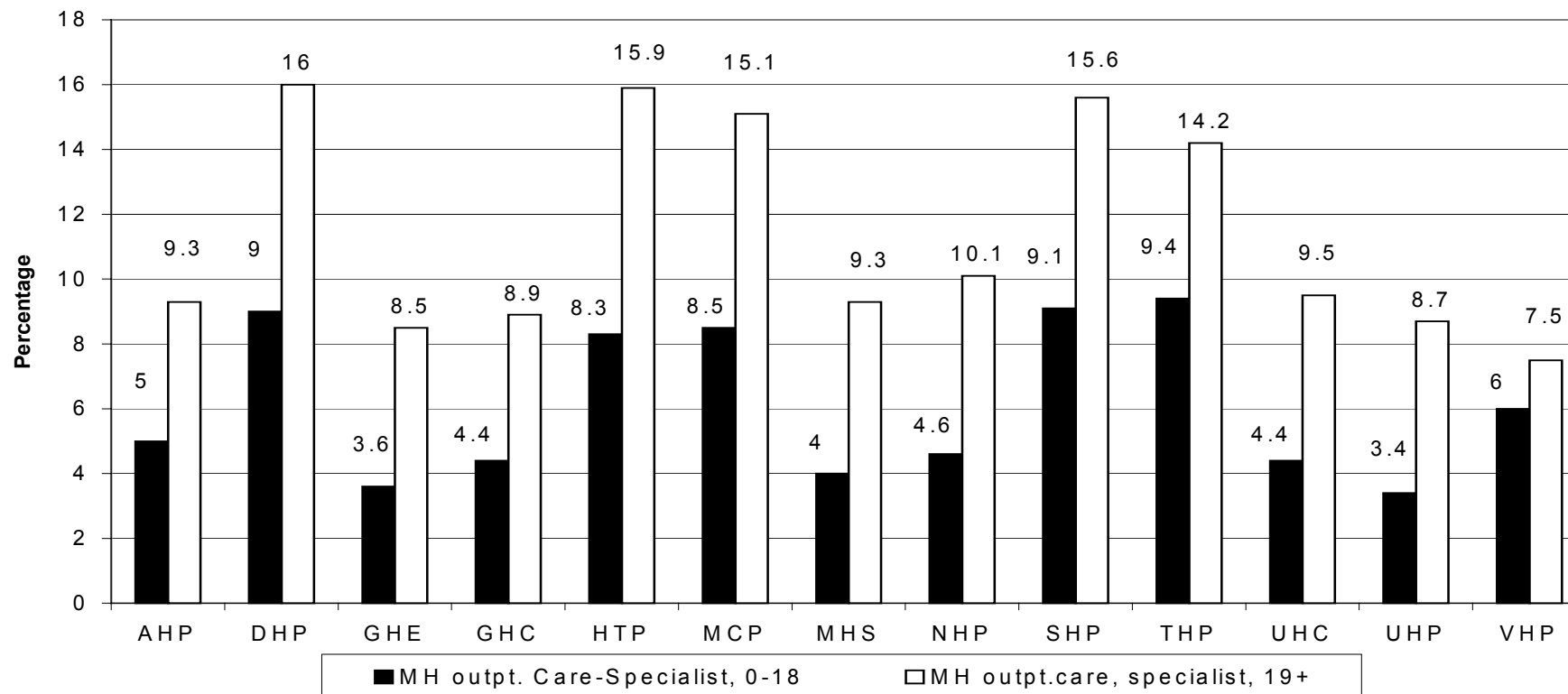


The average rate of mental health/substance abuse evaluations for all ages across all HMOs in Medicaid and BadgerCare was 5.0 percent. The average rate for age 0-18 years age group was 4.2 percent; the average for the 19+ years age group was 7.5 percent. Please refer to p. 7 for a key to the HMO abbreviations. Results continued on next page.

Mental health/substance abuse (MH/SA)-evaluations and outpatient care (continued)

Monitoring Measure

**Mental Health Outpatient Care by Specialists,
by Age Cohort, HMO-Specific, 2003**

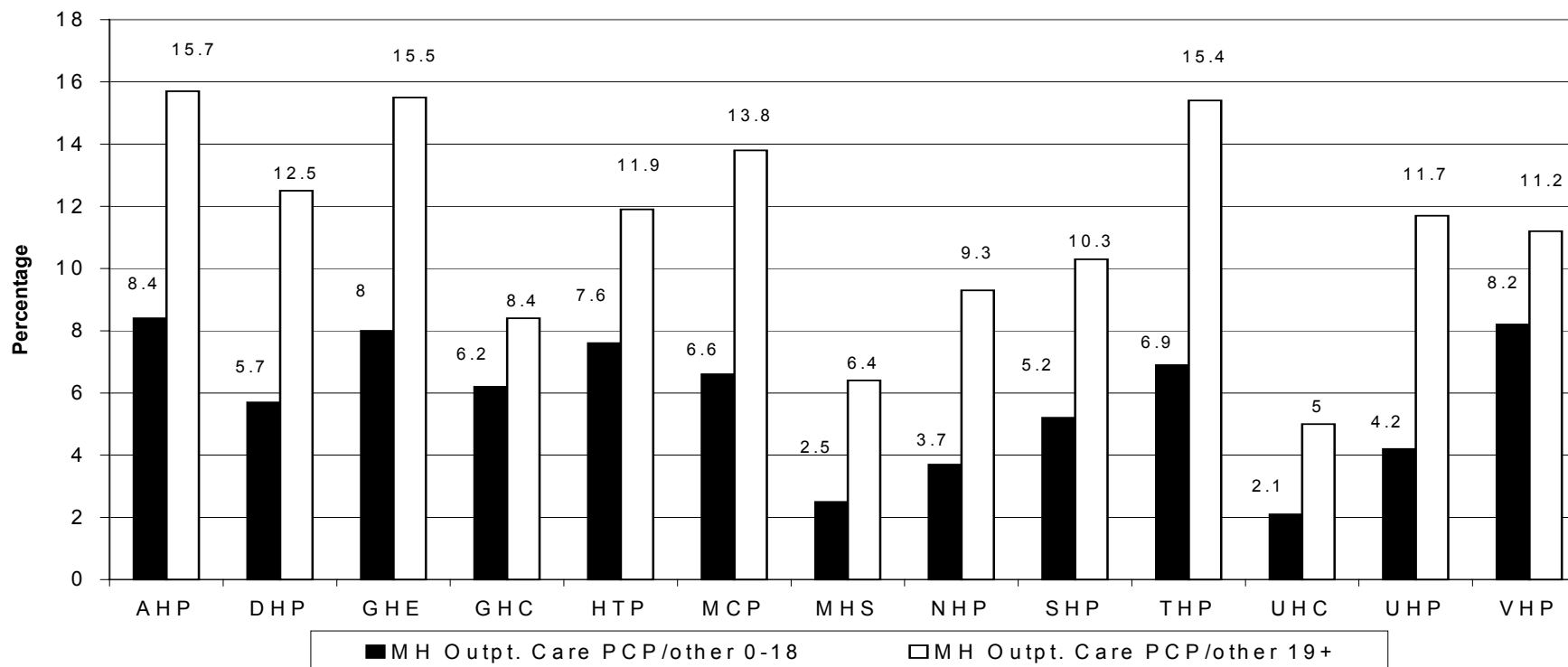


The average rate of mental health outpatient care by a specialist for all ages across all HMOs in Medicaid and BadgerCare was 7.0 percent. The average rate of mental health outpatient care by a specialist for the 0-18 years of age group was 5.2 percent; the average rate for the 19+ year-old age group was 10.6 percent. Please refer to p. 7 for a key to the HMO abbreviations. Results continued on next page.

Mental health/substance abuse (MH/SA)-evaluations and outpatient care (continued)

Monitoring Measure

Mental Health Outpatient Treatment by PCP/other Provider Types,
by Age Cohort, HMO-Specific, 2003

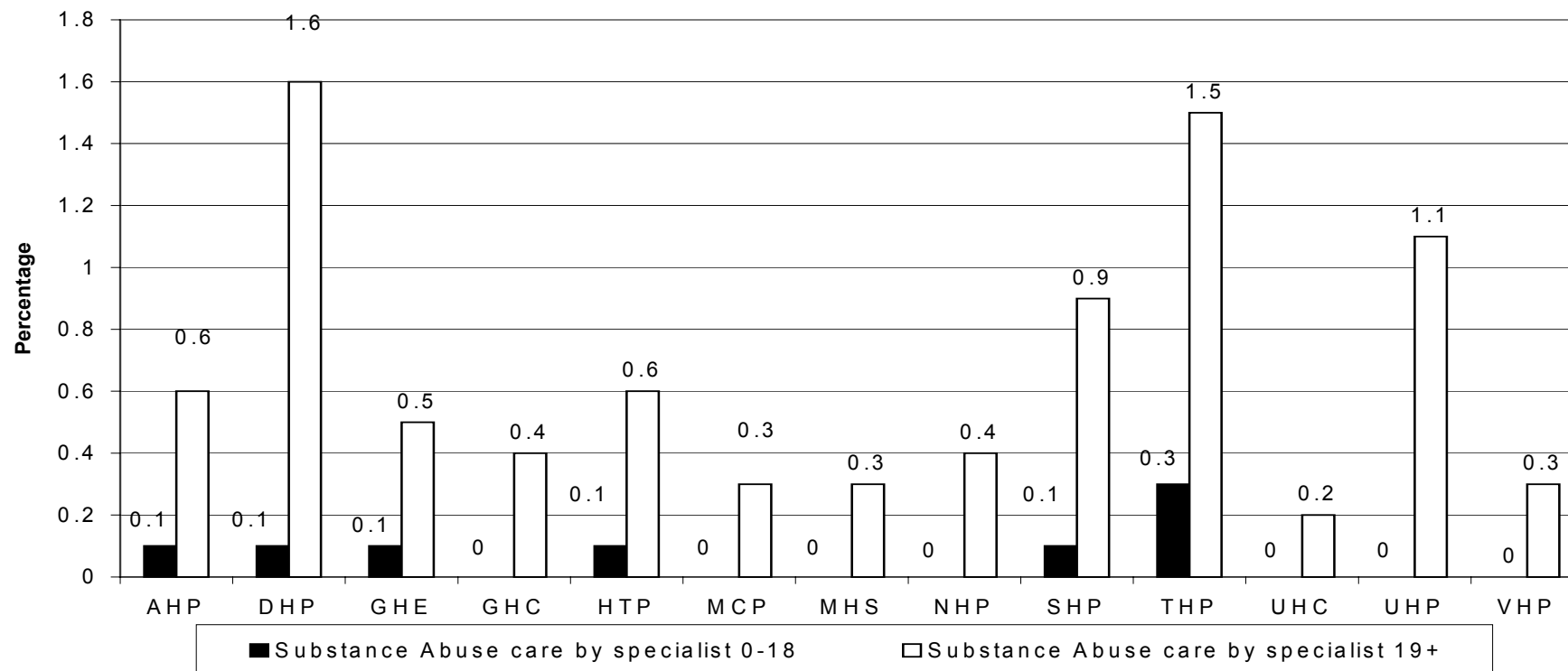


The average rate of mental health outpatient care by a primary care provider (PCP) or other (unspecified) provider for all ages across all HMOs in Medicaid and BadgerCare was 5.6 percent. The average rate of mental health outpatient care by a PCP or other provider for the 0-18 years of age group was 3.9 percent; the average rate for the 19+ year-old age group was 9.1 percent. Please refer to p. 7 for a key to the HMO abbreviations. Results continued on next page.

Mental health/substance abuse (MH/SA)-evaluations and outpatient care (continued)

Monitoring Measure

Substance Abuse Treatment by Specialists,
by Age Cohort, HMO-Specific, 2003

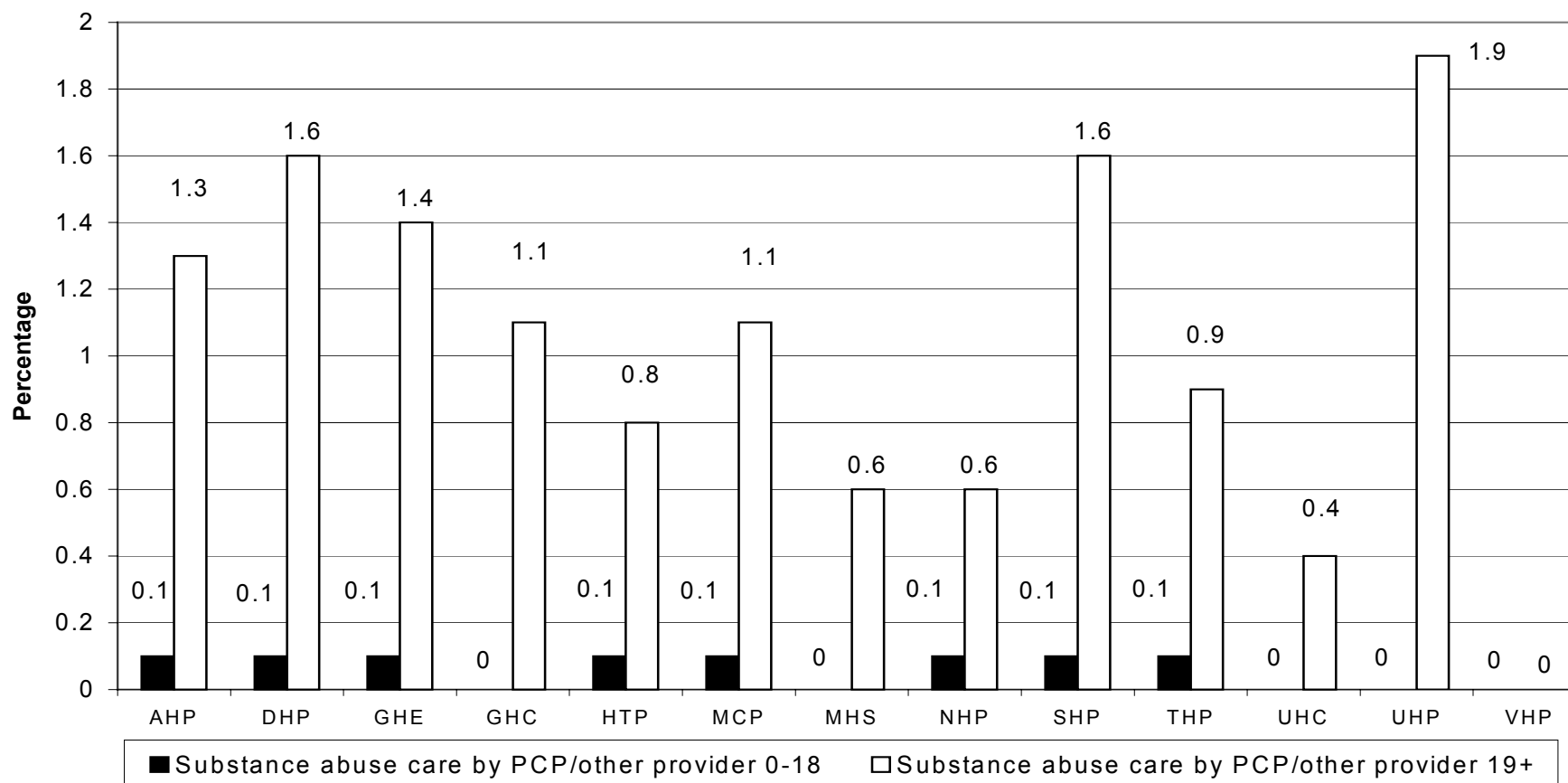


The average rate of substance abuse outpatient care by a specialist for all ages across all HMOs in Medicaid and BadgerCare was 0.2 percent. The average rate of substance abuse outpatient care by a specialist for the 0-18 years of age group was <0.01 percent; the average rate for the 19+ year-old age group was 0.5 percent. Please refer to p. 7 for a key to the HMO abbreviations. Results continued on next page.

Mental health/substance abuse-evaluations and outpatient care (continued)

Monitoring Measure

Substance Abuse Outpatient Care by PCP/other Providers,
by Age Cohort, HMO-Specific, 2003

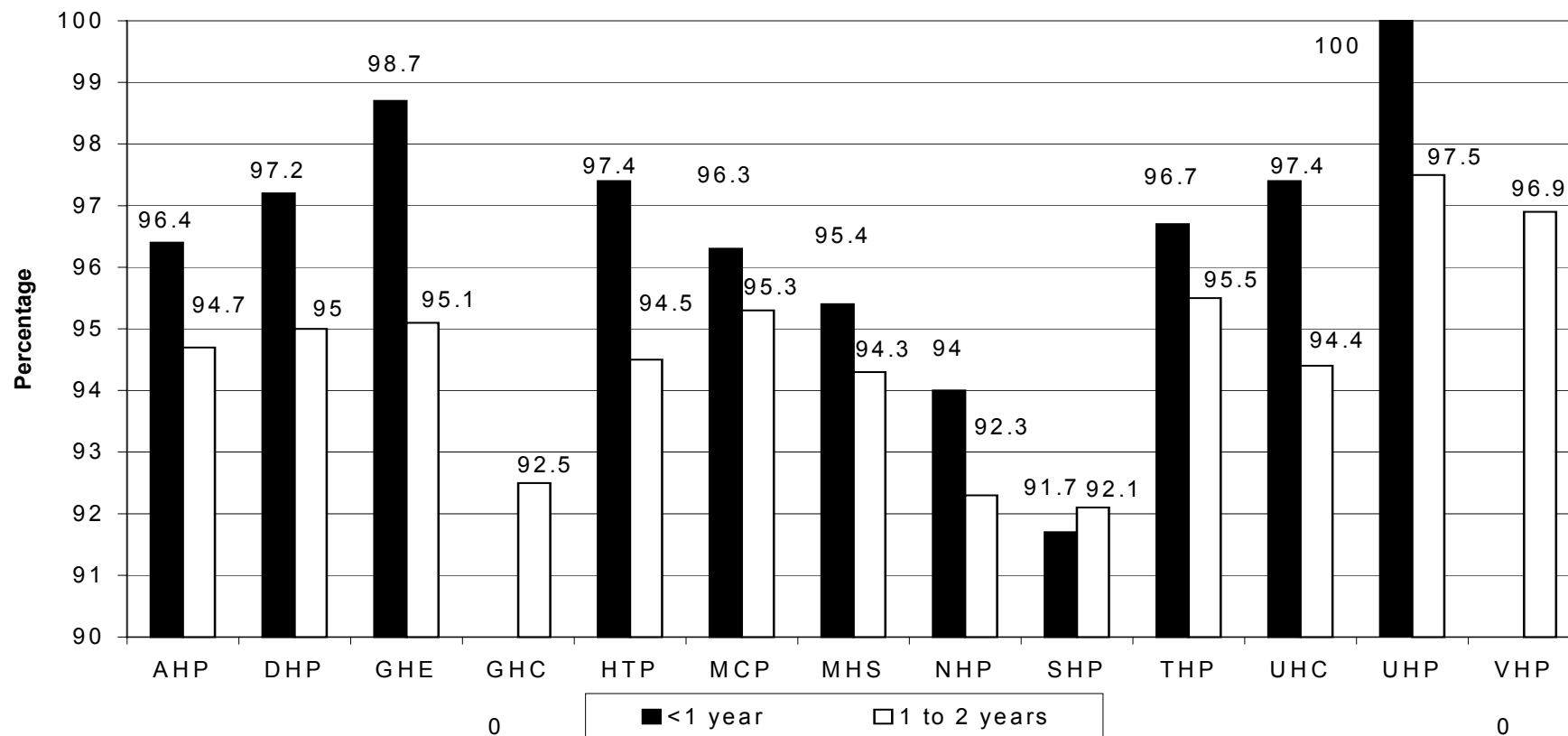


The average rate of substance abuse outpatient care by a primary care provider (PCP) or other (unspecified) provider for all ages across all HMOs in Medicaid and BadgerCare was 0.3 percent. The average rate of substance abuse outpatient care by a PCP/other provider for the 0-18 years of age group was <0.01 percent; the average rate for the 19+ year age group was 0.8 percent. Please refer to p. 7 for a key to the HMO abbreviations.

Non-HealthCheck Well-child Care

Monitoring measure

Non-HealthCheck Well-child Visits, at Least One in Look-back Period,
Birth-age 2 years, HMO-Specific, 2003

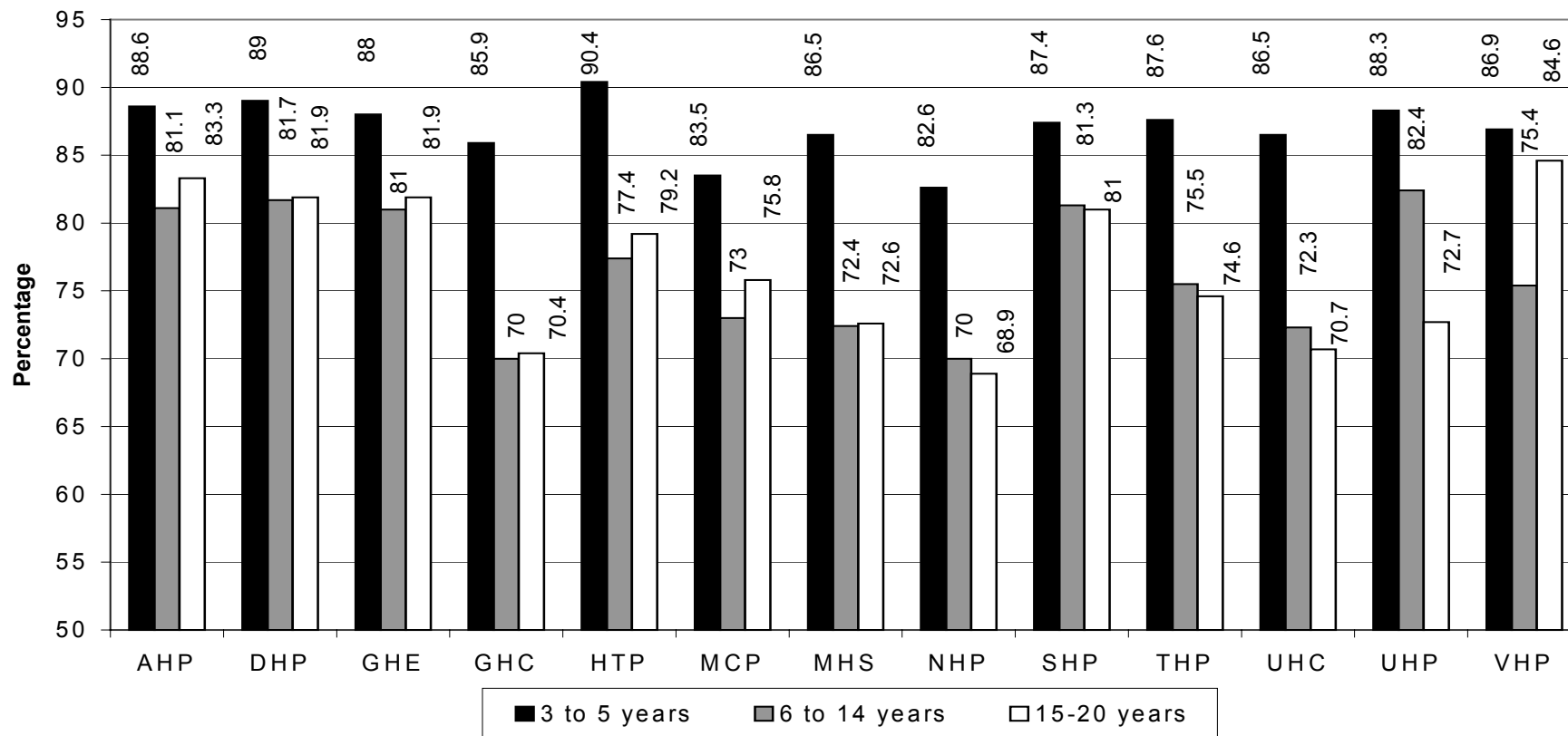


The average rate of provision of at least one non-HealthCheck well-child visit for children under age one year across all HMOs in Medicaid and BadgerCare was 95.8 percent. The average rate of provision of at least one non-HealthCheck well-child visit for children age one to two years across all HMOs in Medicaid and BadgerCare was 94.1 percent. Please refer to p. 7 for a key to the HMO abbreviations. Results continued on next page.

Non-HealthCheck Well-child Care (continued)

Monitoring measure

**Non-HealthCheck Well-child visits, at Least 1 Visit in the Look-back Period,
Ages 3-21, HMO-specific, 2003**

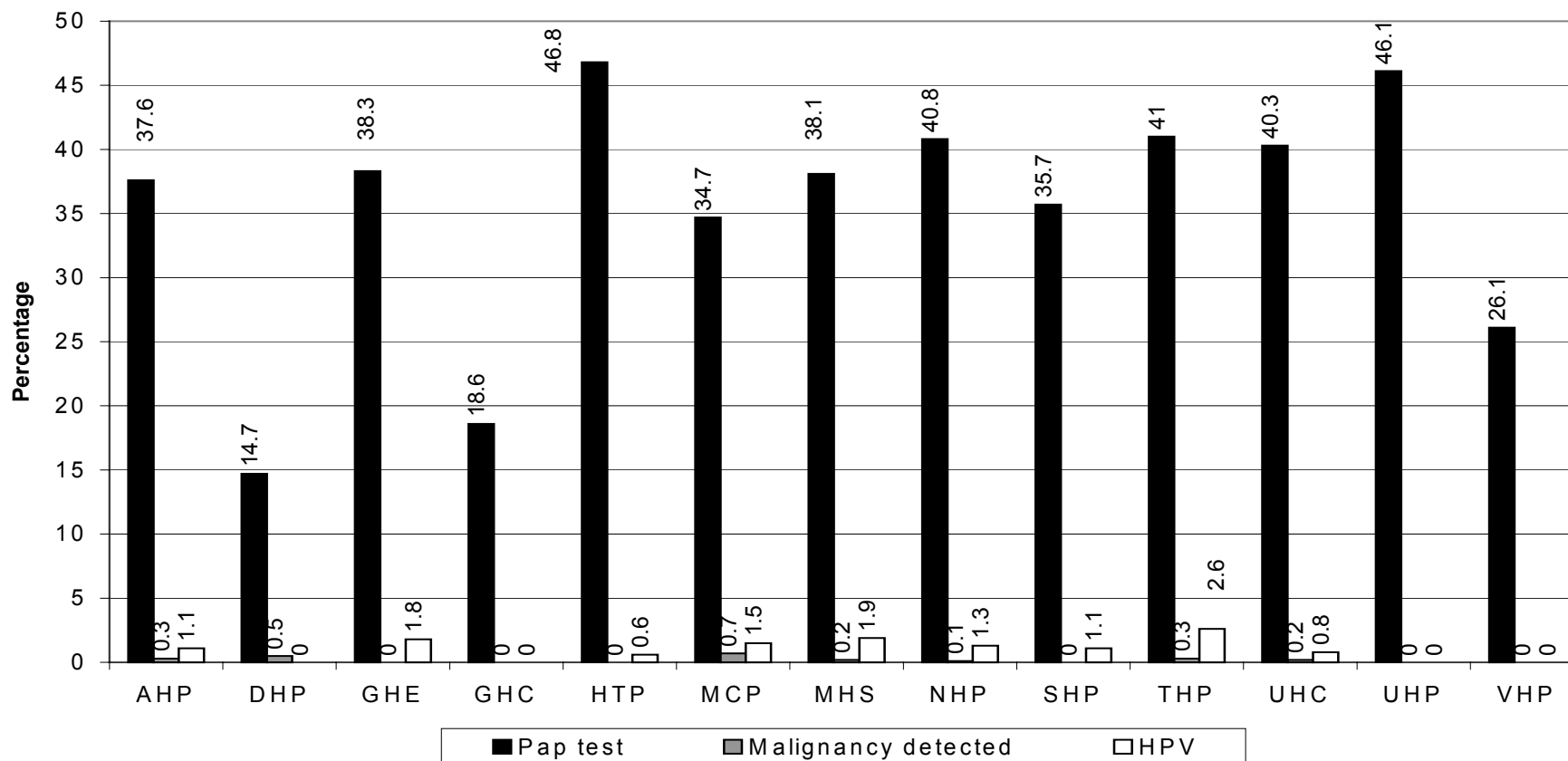


The average rate of provision of at least one non-HealthCheck well-child visit for children age 3 to 5 years across all HMOs in Medicaid and BadgerCare was 86.5 percent. The average rate of provision of at least one non-HealthCheck well-child visit for children age 6 to 14 years across all HMOs in Medicaid and BadgerCare was 74.4 percent. For children age 15-20 years of age, the rate was 74.2 percent. Please refer to p. 7 for a key to the HMO abbreviations.

Pap Tests-Cervical Cancer Screening

Monitoring measure

Pap Tests, Malignancies & HPV Detected, 2003, HMO-Specific



In 2003, the average rate of provision of Pap tests across all HMOs in Medicaid and BadgerCare for women age 18-65 years was 37.6 percent. The rate of detection of cervical malignancies was 0.2 percent and the rate of detection of human Papillomavirus (HPV) infections was 1.4 percent. Please refer to p. 7 for a key to the HMO abbreviations.

Other volumes in the MEDDIC-MS 2003 Data Book include:

Volume1--2003 HMO Aggregate Performance Data, Wisconsin Medicaid and BadgerCare Programs. This volume provides overall performance data for all HMOs combined and the Medicaid and BadgerCare programs combined.

Volume 2--2003 HMO Performance Data, Wisconsin Medicaid Program Data and BadgerCare Program Data Compared. This volume provides performance data on each measure on a program-specific basis.

In addition, the MEDDIC-MS Data Book 2002 Vol. 1-3 is available.

To obtain copies of those reports, see the contact information below or visit the Wisconsin Medicaid Managed Care website at: <http://www.dhfs.state.wi.us/medicaid7/providers/index.htm>

For additional information, contact:

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